O9-/1-06PART B - FEE(S) TRANSMITTAL

Complete and Sand to	8 2006		. 01	r <u>Fax</u> (Commissioner f P.O. Box 1450 Alexandria, Vir 571)-273-2885	or Patents ginia 22313-1450	
INSTRUCTION This form appropriate. All the account indicated unless consequents maintenance fee notification	should be used for transpondence including the	smitting the ISS Patent, advance of in Block 1, by (UE FEE and products and not (a) specifying	PUBLICA ification of a new con	TION FEE (if req f maintenance fees respondence addres	uired). Blocks I through will be mailed to the curres; and/or (b) indicating a s	5 should be completed went correspondence addrest eparate "FEE ADDRESS"
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AGENSYS C/O M 12531 HIGH BLUFF SUITE 100 SAN DIEGO, CA 92	DRIVE	RSTER LLP		I S a tr	hereby certify that that the Postal Service didressed to the Manansmitted to the US	rtificate of Mailing or Tra his Fee(s) Transmittal is be with sufficient postage for il Stop ISSUE FEE addre PTO (571) 273-2885, on the	ing deposited with the Un first class mail in an envel se above, or being facsified date indicated below.
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APPLICATION NO.	APPLICATION NO. FILING DATE		FIRST NAMED IN)R	ATTORNEY DOCKET NO.	CONFIRMATION NO.
SKEXNEER 101P3A11 APPLN. TYPE	SMALL ENTITY	ISSUE FEE			ICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	nonprovisional XXX NO		XXXX \$1400		\$300	\$1000k \$1700 09/08/2006	
EXAMIN	EXAMINER		ART UNIT		SS-SUBCLASS]	
DAVIS, MINH	1642		4	35-007100			
☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Cust Number is required. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTE			registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RI PLEASE NOTE: Unless an recordation as set forth in 37 (A) NAME OF ASSIGNEE AGENSYS, INC.	acciones is identified bel	ow, no assignee of this form is NO?	data will appe T a substitute for (B) RESIDEN	ar on the or filing an NCE: (CIT	natent. If an assign		document has been filed:
Please check the appropriate ass	ignee category or categori	es (will not be pri	inted on the pa	tent):	Individual 🛣 Co	orporation or other private g	roup entity Governme
4a. The following fee(s) are enc Issue Fee Publication Fee (No smal	. Payment of Fee(s): ☐ A check in the amount of the fee(s) is enclosed. ☐ Payment by credit card. Form PTO-2038 is attached. ☐ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 03-1952 (enclose an extra copy of this form).						
5. Change in Entity Status (fro	LL ENTITY status. See 3	7 CFR 1.27.	b. Application Fee (if any	nt is no lo	nger claiming SMAI	LL ENTITY status. See 37 (y paid issue fee to the applic	CFR 1.27(g)(2).
The Director of the USPTO is re NOTE: The Issue Fee and Publi interest as shown by the records	cation Fee (if required) wi of the United States Pater	ll not be accepted t and Trademark	from anyone of Office.	óther than			
Authorized Signature	te & Mu	ranky	-			eptember 8, 200	06
Typed or printed name	Kate H. Muras	 -				29,959	
This collection of information is an application. Confidentiality is submitting the completed applic this form and/or suggestions for Box 1450, Alexandria, Virginia Alexandria, Virginia 22313-145	reducing this burden, sho 22313-1450. DO NOT S	uld be sent to the END FEES OR C	Chief Information Chief Information	ation Offic FORMS T	er, U.S. Patent and O THIS ADDRESS	ne public which is to file (an inities to complete, includi mments on the amount of the Trademark Office, U.S. Deg SEND TO: Commissioner Lisplays a valid OMB contro	partment of Commerce, P.C. for Patents, P.O. Box 145